ALGOMA LTC UNIT 1510 FREMONT ST

ALGOMA	54201	54201 Phone: (920) 487-5511		Ownership:	City
Operated from	1/1 To 12/31	Days of Operation:	366	Highest Level License:	Skilled
Operate in Con	junction with	Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds	Set Up and St	taffed (12/31/04):	60	Title 18 (Medicare) Certified?	Yes
Total Licensed	Bed Capacity	(12/31/04):	60	Title 19 (Medicaid) Certified?	Yes
Number of Resi	dents on 12/31	L/04:	59	Average Daily Census:	56

Services Provided to Non-Residents	3	Age, Gender, and Primary Di	agnosis	of Residents (1	.2/31/04)	Length of Stay (12/31/04	ł) %
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	40.7
Supp. Home Care-Personal Care	No					1 - 4 Years	42.4
Supp. Home Care-Household Services	s No	Developmental Disabilities	0.0	Under 65	3.4	More Than 4 Years	16.9
Day Services	No	Mental Illness (Org./Psy)	25.4	65 - 74	6.8		
Respite Care	No	Mental Illness (Other)	10.2	75 - 84	33.9		100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	20.3	85 - 94	40.7	**********	******
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	1.7	95 & Over	15.3	Full-Time Equivale	ent
Congregate Meals	Yes	Cancer	5.1			Nursing Staff per 100 F	Residents
Home Delivered Meals	Yes	Fractures	11.9		100.0	(12/31/04)	
Other Meals	No	Cardiovascular	10.2	65 & Over	96.6		
Transportation	No	Cerebrovascular	6.8			RNs	9.3
Referral Service	No	Diabetes	6.8	Gender	8	LPNs	19.0
Other Services	No	Respiratory	1.7			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	0.0	Male	28.8	Aides, & Orderlies	49.4
Mentally Ill	No			Female	71.2		
Provide Day Programming for			100.0				
Developmentally Disabled	No				100.0		
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Method of Reimbursement

		edicare itle 18			edicaid itle 19			Other			Private Pay	:		amily Care			anaged Care	l		
Level of Care	No.	%	Per Diem (\$)	No.	ે ં	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	Of
Int. Skilled Care	0	0.0	0	2	5.4	152	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2	3.4
Skilled Care	4	100.0	322	34	91.9	128	0	0.0	0	18	100.0	135	0	0.0	0	0	0.0	0	56	94.9
Intermediate				1	2.7	105	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	1.7
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	4	100.0		37	100.0		0	0.0		18	100.0		0	0.0		0	0.0		59	100.0

ALGOMA LTC UNIT

Admissions, Discharges, and		Percent Distribution	n of Residents'	Condit	ions, Services, an	d Activities as of 12/	31/04
Deaths During Reporting Period					0. 27 21		m. t. 1
					% Needing		Total
Percent Admissions from:		Activities of	%	As	sistance of		Number of
Private Home/No Home Health	4.9	Daily Living (ADL)	Independent	One	e Or Two Staff	Dependent	Residents
Private Home/With Home Health	3.3	Bathing	0.0		55.9	44.1	59
Other Nursing Homes	14.8	Dressing	0.0		67.8	32.2	59
Acute Care Hospitals	73.8	Transferring	10.2		50.8	39.0	59
Psych. HospMR/DD Facilities	0.0	Toilet Use	3.4		55.9	40.7	59
Rehabilitation Hospitals	0.0	Eating	39.0		39.0	22.0	59
Other Locations	3.3	******	******	*****	******	******	*****
Total Number of Admissions	61	Continence		용	Special Treatmen	ts	%
Percent Discharges To:		Indwelling Or Extern	nal Catheter	5.1	Receiving Resp	iratory Care	15.3
Private Home/No Home Health	20.0	Occ/Freq. Incontiner	nt of Bladder	84.7	Receiving Trac	heostomy Care	0.0
Private Home/With Home Health	24.4	Occ/Freq. Incontine	nt of Bowel	52.5	Receiving Suct	ioning	1.7
Other Nursing Homes	4.4	_			Receiving Osto	my Care	0.0
Acute Care Hospitals	4.4	Mobility			Receiving Tube	Feeding	0.0
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	6.8	Receiving Mech	anically Altered Diets	50.8
Rehabilitation Hospitals	0.0				3	-	
Other Locations	8.9	Skin Care			Other Resident C	haracteristics	
Deaths	37.8	With Pressure Sores		8.5	Have Advance D	irectives	94.9
Total Number of Discharges		With Rashes		13.6	Medications		
(Including Deaths)	45				Receiving Psyc	hoactive Drugs	67.8

Selected Statistics: This Facility Compared to All Similar Rural Area Facilities & Compared to All Facilities

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		Own	ership:	Bed	Size:	Lic	ensure:		
	This	Gov	ernment	50	-99	Ski	lled	Al	1
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	93.3	91.7	1.02	85.5	1.09	85.9	1.09	88.8	1.05
Current Residents from In-County	83.1	77.0	1.08	71.5	1.16	75.1	1.11	77.4	1.07
Admissions from In-County, Still Residing	29.5	23.6	1.25	20.7	1.42	20.5	1.44	19.4	1.52
Admissions/Average Daily Census	108.9	104.9	1.04	125.2	0.87	132.0	0.83	146.5	0.74
Discharges/Average Daily Census	80.4	104.7	0.77	123.1	0.65	131.4	0.61	148.0	0.54
Discharges To Private Residence/Average Daily Census	35.7	49.3	0.73	55.7	0.64	61.0	0.59	66.9	0.53
Residents Receiving Skilled Care	98.3	95.3	1.03	95.8	1.03	95.8	1.03	89.9	1.09
Residents Aged 65 and Older	96.6	87.8	1.10	93.1	1.04	93.2	1.04	87.9	1.10
Title 19 (Medicaid) Funded Residents	62.7	67.5	0.93	69.1	0.91	70.0	0.90	66.1	0.95
Private Pay Funded Residents	30.5	17.9	1.71	20.2	1.51	18.5	1.65	20.6	1.48
Developmentally Disabled Residents	0.0	0.8	0.00	0.5	0.00	0.6	0.00	6.0	0.00
Mentally Ill Residents	35.6	45.1	0.79	38.6	0.92	36.6	0.97	33.6	1.06
General Medical Service Residents	0.0	14.8	0.00	18.9	0.00	19.7	0.00	21.1	0.00
Impaired ADL (Mean)	63.1	49.0	1.29	46.2	1.36	47.6	1.33	49.4	1.28
Psychological Problems	67.8	61.8	1.10	59.0	1.15	57.1	1.19	57.7	1.18
Nursing Care Required (Mean)	11.2	7.1	1.57	7.0	1.61	7.3	1.53	7.4	1.51